POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<u>, ). ( ).</u>	1/ TV	1-1.16 c ( )
O.I.P.E. CLASSIFIER			9-26 60
FORMALITY REVIEW	CM	71632	10/27/00
RESPONSE FORMALITY REVIEW		,	

INDEX OF CLAIMS Rejected ..... Interference ..... Allowed ..... Appeal (Through numeral)... Canceled ... Objected C3 C3.2.2.2 Sept. 2 - 2.1.2 Se ≍ Date 7-28-02 Claim Date 7-16-05 5.12.03 Ø Original - 5-28.02 14-2-0 Original Original Final 32 1 65 = 66 : 68 **=** 69 √ RQ ž 2 REREA XXXXXXX 131 132 133 2 8 8 8 E 134 135 136 137 138 139 8 8 8 B 14 142 143 4 × 145 146 2 2 2 3 BES 148 149 (150)

If more than 150 claims or 10 actions staple additional sheet here

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